

Housing Choice Landlord Guarantee Program Claim/Application Form

This form is for HUD Housing Choice Voucher Program (Section 8) landlords seeking reimbursement for unpaid rent and damages incurred by past Housing Choice voucher tenants who began occupancy after July 1, 2014. The information in this form is required to be submitted to Oregon Housing and Community Services.

Applications are for reimbursement and are limited to amounts in excess of \$500 and less than \$5,000. A court judgment is required for all amounts requested and must be attached. Submit this form along with all attachments to apply for this program.

Funding for this program is limited and is dependent upon state budget allocation. If the program depletes of funds before receipt of any new allocation, landlords will be notified in writing and applications received by OHCS will be retained. If new funds are received, applications will be processed in the order that they were received. There is no guarantee that new funds will be made available.

If you have questions, you may contact: landlord.guarantee@oregon.gov or 800-453-5511 option 8.

LANDLORD (APPLICANT) INFORMATION

Enter information below regarding the landlord (applicant) requesting assistance.

Landlord Name *

Landlord name must be the same in the judgment as the landlord name listed in the agreement with the Public Housing Authority

Landlord Address ***Landlord City *****Landlord State *****Landlord Zip *****Landlord Phone Number ***

Landlord Email *

If you do not have an email, you may enter "NA"

TENANT INFORMATION

Enter information below regarding the tenant.

Tenant 1 Last Name ***Tenant 1 First Name *****Tenant 2 Last Name**

If there was more than one adult tenant, please list the second adult tenant here. Both tenants should be the same as listed on the judgment.

Tenant 2 First Name**Date of Tenant Move-Out ***

PROPERTY INFORMATION

Enter information below regarding the property that was damaged.

Property County ***Property Address *****Property City ***

PUBLIC HOUSING AUTHORITY

Enter the name of the Housing Authority for the property listed that received damages.

Name of Housing Authority *

JUDGMENT

Enter information about the Small Claims Judgment below.

Judgment # *

A small claims judgment from your local court is required. This is not the same as a Forcible Entry Detainer (FED) or eviction judgment. Eviction fees are NOT allowable expenses for this program.

Was this a default judgment *

A default judgment is when the tenant did not show up in court to answer the small claim filed against them.

ASSISTANCE REQUESTED

Enter information below about the assistance that is being requested.

Depreciation Statement *

Per ORS 90.300(5), a tenant cannot be charged for ordinary wear and tear. You must include a statement below that describes how damages were depreciated for normal wear and tear (length of use). You must include a copy of a descriptive deposit accounting, which includes all damages being claimed and that are included in your small claims judgment. A tenant ledger is not sufficient to meet the requirement for a descriptive accounting. You must include copies of receipts, bills, invoices or statements for damages. Payments may be reduced by amounts not adequately documented.

Amount of Payment Requested *

Amount must be between \$500 and \$5,000.

ATTACHMENTS REQUIRED

You must include the attachments below with your submission. Your application will not be processed without this information.

Include Judgment *

Include by using the "attach file" function at the bottom of this form.

☐**Include Proof of Housing Choice Participation ***

Include by using the "attach file" function at the bottom of this form.

☐

Include Security Deposit Accounting *

Include by using the "attach file" function at the bottom of this form.

☐

Include Receipts, Bills, Invoices *

Include by using the "attach file" function at the bottom of this form.

☐

Include Move-In/Move-Out Checklist *

Include by using the "attach file" function at the bottom of this form.

☐

Include Photos *

Include by using the "attach file" function at the bottom of this form.

☐

Include W-9 Form *

Print the form from our website at: <https://www.oregon.gov/ohcs/pdfs/form-tax-irs-w-9.pdf>, complete it and include the signed form by using the "attach file" function at the bottom of this form.

☐

LEGAL CERTIFICATION

The landlord (or property manager) attests by signing this document that all entries including all attachment entries are true and correct. Landlord will report within 10 days any payment on the judgment received after submission of this application for reimbursement and/or after reimbursement is received. The landlord also attests that no appeal of judgment has been filed or received related to this application for payment. Information provided in this application may be subject to public disclosure in accordance with ORS 192.

Landlord agrees to file a full or partial (as the case may be) satisfaction of judgment for the amount of program assistance you received with the court which issued the judgment within 30 days of payment and to send a copy of the filed satisfaction of judgment to Oregon Housing and Community services by email to: landlord.guarantee@oregon.gov or by mail to 725 Summer St., NE, Ste. B, Salem, OR, 97301.

ELECTRONIC SIGNATURE

By entering my name below I certify, on this date, that the information that I have entered and attached to this form are true and correct to the best of my knowledge. I certify that I have read the legal certification listed above and agree with the terms of this application for assistance.

Enter your name below: *

ATTACHMENTS REQUIRED

Use the File Attachment function below to include the documents required for this application.

File Attachments

Drag and drop files here or [browse files](#)

☐ Send me a copy of my responses

Submit

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